## PATENT APPLICATION FEE DETERMINATION RECORD

Effective October 1, 2000

**Application or Docket Number** 

09755664

						7 - 0 6	<u>, [</u>					
CLAIMS AS FILED - PART I (Column 1) (Column 2)							SMA TYP		NTITY	OR	OTHER SMALL	
TC	OTAL CLAIMS		46					ATE	FEE	7	RATE	FÉE
FC	)R		1 / ~	NUMBER FILED		BER EXTRA	- 1-	SIC FEE	<del></del>	OR	BASIC FEE	<b>├</b>
TOTAL CHARGEABLE CLAIMS			46 mir	46 minus 20=		• 26		\$ 9=		OR	V242	468-0e
INE	DEPENDENT CL	LAIMS	4 mi	// minus 3 = 1		· )		40=	<del>                                     </del>	OR	Váa.	
MU	JLTIPLE DEPEN	NDENT CLAIM PI	RESENT		<del></del>							80-00
* If the difference in column 1 is less than zero, enter "0" in col						column 2	L	135=	<del> </del>	OR		<u> </u>
		CLAIMS AS A				70141111	10	DTAL		OR		4252
		(Column 1)	MICHUEL	PAR - כ Colur)		(Column 3)	SN	MALL	ENTITY	OR	OTHER SMALL E	
		CLAIMS	- Na 14	HIGH	HEST	1		<u> </u>		1		
AMENDMENT A	· 李 · · · · · · · · · · · · · · · · · ·	REMAINING AFTER AMENDMENT		NUMI PREVIO PAID I	OUSLY	PRESENT EXTRA	R/	ATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
ENDIV	Total	*	Minus	**		=	X\$	\$ 9=		OR	X\$18=	
AME	Independent	*	Minus	***		=	X	40=		OR	X80=	
	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM						+1	35=		OR	+270=	
								TOTAL		$\frac{1}{2}$	TOTAL	
		(Column 1)		(Colun	2)	(Column 3)	ADDI	T. FEE		J,	ADDIT. FEE	
	* * *	CLAIMS	<b>98</b> 14	HIGH	IEST	T (Column 5)	_	-		4 ,		
AMENDMENT B	9 9 \$ 5	REMAINING AFTER AMENDMENT	* *	NUME PREVIO PAID	IBER OUSLY	PRESENT EXTRA	RA	ATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
NDN	Total	*	Minus	**		=	X\$	9=		OR	X\$18=	
AME	Independent	*	Minus	***		=	X	10=			X80=	
	FIRST PRESE	NTATION OF MU	JLTIPLE DEP	PINDENT	CLAIM					OR		
								35=		OR	+270=	
							ADDIT	TOTAL T. FEE		OR ,	TOTAL ADDIT. FEE	
		(Column 1)		(Colum		(Column 3)						
ပ	<b>基本特</b>	CLAIMS REMAINING	春集	HIGHE NUME				-1	ADDI-	ſŢ		ADDI-
_	多義 独。	AFTER AMENDMENT	* * .	PREVIO PAID F	DUSLY	PRESENT EXTRA	RA	TE	TIONAL FEE		RATE	TIONAL FEE
AMENDMEN	Total		Minus	**		=	X\$	9=		OR	X\$18=	
AMF	Independent	*	Minus	***		=	X40	0=	ir in		X80=	
_	FIRST PRESE	NTATION OF MU	JLTIPLE DEP	'ENDENT	CLAIM		-	<del>-</del> -		OR	, <del>, , , , , , , , , , , , , , , , , , </del>	<del></del>
* If	f the entry in colun	+13			OR	+270=						
** If	f the "Highest Nun If the "Highest Nun	mber Previously Pai mber Previously Pa nber Previously Paid	aid For" IN THIS aid For" IN THIS	S SPACE is S SPACE is	s less thar s less thar	n 20, enter "20." an 3. enter "3."	ADDIT.				TOTAL ADDIT. FEE	
•	ne rugnestrum	Del Fleviously Fait	J For (Total or	inaepenae	≀nt) is the	highest number r	found in t	ne app	ropriate box	. in colu	umn 1.	ł